

Individual Plan Comparison Chart

Participating Provider Coverage Shown¹

All Blue Cross and Blue Shield of Illinois (BCBSIL) plans provide coverage for preventive services and maternity care. Please see your Summary of Benefits and Coverage or visit bcbsil.com for more specific information.

Bronze	Blue Choice Preferred Bronze PPO SM			
	201	202	302 ²	502 ²
Individual Deductible³	\$6,100	\$4,500	\$6,350	\$5,000
Coinsurance	50%	40%	40%	50%
Out-of-Pocket Maximum (includes deductible)³	\$8,550	\$6,900	\$6,900	\$6,900
Primary Care Office Visit	\$40 copay	40%	40%	50%
Specialist Office Visit	50%	40%	40%	50%
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	50%	40%	40%	50%
Emergency Room	\$1,000 per occurrence deductible, then 50%	\$1,000 per occurrence deductible, then 40%	\$1,000 per occurrence deductible, then 40%	\$1,000 per occurrence deductible, then 50%
Urgent Care	\$60 copay	40%	40%	50%
Inpatient Hospital Services	\$850 per occurrence deductible, then 50%	\$850 per occurrence deductible, then 40%	\$850 per occurrence deductible, then 40%	\$850 per occurrence deductible, then 50%
Outpatient Hospital Services⁴	\$600 per occurrence deductible, then 50%	\$600 per occurrence deductible, then 40%	\$600 per occurrence deductible, then 40%	\$600 per occurrence deductible, then 50%
Outpatient X-Rays and Diagnostic Imaging⁴	50%	40%	40%	50%
Outpatient Imaging (CT/PET Scans/MRIs)⁴	50%	40%	40%	50%
Network	Blue Choice Preferred PPO SM	Blue Choice Preferred PPO SM	Blue Choice Preferred PPO SM	Blue Choice Preferred PPO SM
HSA Eligible⁵	No	Yes	Yes	Yes
Outpatient Prescription Drugs - Preferred Pharmacy^{6,7}	\$10 / \$20 / 30% / 35% / 45% / 50%	20% / 25% / 30% / 35% / 45% / 50%	20% / 25% / 30% / 35% / 45% / 50%	20% / 25% / 30% / 35% / 45% / 50%
Outpatient Prescription Drugs - Non-Preferred Pharmacy^{6,7}	\$20 / \$30 / 35% / 40% / 45% / 50%	25% / 30% / 35% / 40% / 45% / 50%	25% / 30% / 35% / 40% / 45% / 50%	25% / 30% / 35% / 40% / 45% / 50%
Prescription Drug Benefit Utilization Management Programs⁸	<p>Specialty Pharmacy Program: To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p>Member Pay the Difference: When you choose a brand name drug over an available generic equivalent, you pay your usual share for the brand plus the difference in cost.</p> <p>Prior Authorization/Step Therapy Requirements: Before you receive coverage for some medications, your doctor may need to obtain authorization from BCBSIL. You may need to meet certain criteria or try more cost-effective drugs first.</p> <p>90-Day Supply: You may receive up to a 90-day supply of covered prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.</p>			

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Tax-related statements, if any, may have been written in connection with the promotion or marketing of the transaction(s) or matter(s) addressed by these materials. You should seek advice based on your particular circumstances from an independent tax adviser regarding tax consequences of specific health insurance plans or products.
 6 Prescription drug benefit coverage starts after annual medical deductible has been met, not counting copays. Retail stores in the Preferred Pharmacy Network offer members prescription drugs with a lower possible member cost share amount. Preferred pharmacy pricing is not available with HMO plans.
 7 Six prescription drug payment level tiers: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty
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Bronze	Blue Precision Bronze HMO SM	Blue FocusCare Bronze SM	BlueCare Direct Bronze SM in Collaboration with Advocate Health Care ^{***}
	205 [*]	209 ^{**}	401
Individual Deductible ³	\$7,400	\$7,400	\$7,400
Coinsurance	50%	50%	50%
Out-of-Pocket Maximum (includes deductible) ³	\$8,550	\$8,550	\$8,550
Primary Care Office Visit	\$60 copay	\$60 copay	\$60 copay
Specialist Office Visit	\$85 copay	\$85 copay	\$85 copay
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	\$60 copay	\$60 copay	\$60 copay
Emergency Room	\$1,000 per occurrence deductible, then 50%	\$1,000 per occurrence deductible, then 50%	\$1,000 per occurrence deductible, then 50%
Urgent Care	\$85 copay	\$85 copay	\$85 copay
Inpatient Hospital Services	\$850 copay per day	\$850 copay per day	\$850 copay per day
Outpatient Hospital Services ⁴	\$300 per occurrence deductible, then 50%	\$300 per occurrence deductible, then 50%	\$300 per occurrence deductible, then 50%
Outpatient X-Rays and Diagnostic Imaging ⁴	\$150 copay	\$150 copay	\$150 copay
Outpatient Imaging (CT/PET Scans/MRIs) ⁴	\$300 copay	\$300 copay	\$300 copay
Network	Blue Precision HMO SM	Blue FocusCare SM	BlueCare Direct SM
HSA Eligible ⁵	No	No	No
Outpatient Prescription Drugs - Preferred Pharmacy ^{6,7}	10% / 15% / 20% / 30% / 40% / 50%	10% / 15% / 20% / 30% / 40% / 50%	10% / 15% / 20% / 30% / 40% / 50%
Outpatient Prescription Drugs - Non-Preferred Pharmacy ^{6,7}	10% / 15% / 20% / 30% / 40% / 50%	10% / 15% / 20% / 30% / 40% / 50%	10% / 15% / 20% / 30% / 40% / 50%
Prescription Drug Benefit Utilization Management Programs⁸	<p>Specialty Pharmacy Program: To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p>Member Pay the Difference: When you choose a brand name drug over an available generic equivalent, you pay your usual share for the brand plus the difference in cost.</p> <p>Prior Authorization/Step Therapy Requirements: Before you receive coverage for some medications, your doctor may need to obtain authorization from BCBSIL. You may need to meet certain criteria or try more cost-effective drugs first.</p> <p>90-Day Supply: You may receive up to a 90-day supply of covered prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.</p>		

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 * Blue Precision HMOSM plans are only available in the Chicago, Peoria and Rockford metro areas.
 ** Blue FocusCareSM plans are available only in Cook County.
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Silver	Blue Precision Silver HMO SM		Blue FocusCare Silver SM
	206 [*]	306 ^{2*}	210 ^{**}
Individual Deductible ³	\$3,000	\$3,300	\$4,150
Coinsurance	50%	50%	30%
Out-of-Pocket Maximum (includes deductible) ³	\$8,550	\$8,550	\$8,550
Primary Care Office Visit	\$30 copay	\$20 copay	\$30 copay
Specialist Office Visit	\$75 copay	\$20 copay	\$60 copay
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	\$30 copay	\$20 copay	\$30 copay
Emergency Room	\$1,000 per occurrence deductible, then 50%	\$1,000 per occurrence deductible, then 50%	\$1,000 per occurrence deductible, then 30%
Urgent Care	\$75 copay	\$20 copay	\$60 copay
Inpatient Hospital Services	\$500 per occurrence deductible, then 50%	\$850 per occurrence deductible, then 50%	\$750 per day copay
Outpatient Hospital Services ⁴	50%	\$600 per occurrence deductible, then 50%	\$300 per occurrence deductible, then 30%
Outpatient X-Rays and Diagnostic Imaging ⁴	\$20 copay	\$35 copay	\$50 copay
Outpatient Imaging (CT/PET Scans/MRIs) ⁴	\$350 copay	\$250 copay	\$250 copay
Network	Blue Precision HMO SM	Blue Precision HMO SM	Blue FocusCare SM
HSA Eligible ⁵	No	No	No
Outpatient Prescription Drugs - Preferred Pharmacy ^{6,7}	0% / 10% / 20% / 30% / 40% / 50%	\$10 / \$20 / 30% / 40% / 45% / 50%	10% / 15% / 20% / 30% / 40% / 50%
Outpatient Prescription Drugs - Non-Preferred Pharmacy ^{6,7}	0% / 10% / 20% / 30% / 40% / 50%	\$10 / \$20 / 30% / 40% / 45% / 50%	10% / 15% / 20% / 30% / 40% / 50%

Specialty Pharmacy Program: To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.

Member Pay the Difference: When you choose a brand name drug over an available generic equivalent, you pay your usual share for the brand plus the difference in cost.

Prior Authorization/Step Therapy Requirements: Before you receive coverage for some medications, your doctor may need to obtain authorization from BCBSIL. You may need to meet certain criteria or try more cost-effective drugs first.

90-Day Supply: You may receive up to a 90-day supply of covered prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.

Prescription Drug Benefit Utilization Management Programs⁸

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Silver	Blue Choice Preferred Silver PPO SM		BlueCare Direct Silver SM in Collaboration with Advocate Health Care ^{***}
	203	303 ²	212
Individual Deductible³	\$2,200	\$2,200	\$3,200
Coinsurance	50%	50%	50%
Out-of-Pocket Maximum (includes deductible)³	\$8,550	\$8,550	\$8,550
Primary Care Office Visit	\$10 copay	\$10 copay	\$30 copay
Specialist Office Visit	50%	50%	\$65 copay
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	50%	50%	\$30 copay
Emergency Room	\$1,000 per occurrence deductible, then 50%	\$1,000 per occurrence deductible, then 50%	\$1,000 per occurrence deductible, then 50%
Urgent Care	\$15 copay	\$15 copay	\$65 copay
Inpatient Hospital Services	\$850 per occurrence deductible, then 50%	\$850 per occurrence deductible, then 50%	\$500 per occurrence deductible, then 50%
Outpatient Hospital Services⁴	\$600 per occurrence deductible, then 50%	\$600 per occurrence deductible, then 50%	50%
Outpatient X-Rays and Diagnostic Imaging⁴	50%	50%	\$20 copay
Outpatient Imaging (CT/PET Scans/MRIs)⁴	50%	50%	\$250 copay
Network	Blue Choice Preferred PPO SM	Blue Choice Preferred PPO SM	BlueCare Direct SM
HSA Eligible⁵	No	No	No
Outpatient Prescription Drugs - Preferred Pharmacy^{6,7}	\$5 / \$15 / 30% / 35% / 45% / 50%	\$5 / \$15 / 30% / 35% / 45% / 50%	0% / 10% / 20% / 30% / 40% / 50%
Outpatient Prescription Drugs - Non-Preferred Pharmacy^{6,7}	\$10 / \$25 / 35% / 40% / 45% / 50%	\$10 / \$25 / 35% / 40% / 45% / 50%	0% / 10% / 20% / 30% / 40% / 50%
Prescription Drug Benefit Utilization Management Programs⁸	<p>Specialty Pharmacy Program: To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p>Member Pay the Difference: When you choose a brand name drug over an available generic equivalent, you pay your usual share for the brand plus the difference in cost.</p> <p>Prior Authorization/Step Therapy Requirements: Before you receive coverage for some medications, your doctor may need to obtain authorization from BCBSIL. You may need to meet certain criteria or try more cost-effective drugs first.</p> <p>90-Day Supply: You may receive up to a 90-day supply of covered prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.</p>		

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Gold	Blue Precision Gold HMOSM	Blue Choice Preferred Gold PPOSM	Blue FocusCare GoldSM	BlueCare Direct GoldSM in Collaboration with Advocate Health Care ^{***}
	207*	204	211**	409
Individual Deductible²	\$750	\$750	\$750	\$750
Coinsurance	30%	30%	30%	30%
Out-of-Pocket Maximum (includes deductible)²	\$8,550	\$8,550	\$8,550	\$8,550
Primary Care Office Visit	\$20 copay	\$15 copay	\$20 copay	\$20 copay
Specialist Office Visit	\$40 copay	\$50 copay	\$40 copay	\$40 copay
Mental Illness Treatment and Substance Abuse Rehabilitation Office Visit	\$20 copay	\$15 copay	\$20 copay	\$20 copay
Emergency Room	\$1,000 per occurrence deductible, then 30%	\$1,000 per occurrence deductible, then 30%	\$1,000 per occurrence deductible, then 30%	\$1,000 per occurrence deductible, then 30%
Urgent Care	\$40 copay	\$50 copay	\$40 copay	\$40 copay
Inpatient Hospital Services	\$750 per day copay	\$850 per occurrence deductible, then 30%	\$750 per day copay	\$750 per day copay
Outpatient Surgery³	\$300 per occurrence deductible, then 30%	30%	\$300 per occurrence deductible, then 30%	\$300 per occurrence deductible, then 30%
X-Rays and Diagnostic Imaging³	\$40 copay	30%	\$40 copay	\$40 copay
Imaging (CT/PET Scans/MRIs)³	\$250 copay	30%	\$250 copay	\$250 copay
Network	Blue Precision HMO SM	Blue Choice Preferred PPO SM	Blue FocusCare SM	BlueCare Direct SM
HSA Eligible⁴	No	No	No	No
Outpatient Prescription Drugs - Preferred Pharmacy^{5,6}	10% / 15% / 20% / 30% / 40% / 50%	\$0 / \$10 / 20% / 35% / 45% / 50%	10% / 15% / 20% / 30% / 40% / 50%	10% / 15% / 20% / 30% / 40% / 50%
Outpatient Prescription Drugs - Non-Preferred Pharmacy^{5,6}	10% / 15% / 20% / 30% / 40% / 50%	\$10 / \$20 / 30% / 40% / 45% / 50%	10% / 15% / 20% / 30% / 40% / 50%	10% / 15% / 20% / 30% / 40% / 50%
Prescription Drug Benefit Utilization Management Programs⁷	<p>Specialty Pharmacy Program: To be eligible for maximum benefits, specialty medications must be obtained through the preferred Specialty Pharmacy provider.</p> <p>Member Pay the Difference: When you choose a brand name drug over an available generic equivalent, you pay your usual share for the brand plus the difference in cost.</p> <p>Prior Authorization/Step Therapy Requirements: Before you receive coverage for some medications, your doctor may need to obtain authorization from BCBSIL. You may need to meet certain criteria or try more cost-effective drugs first.</p> <p>90-Day Supply: You may receive up to a 90-day supply of covered prescription drugs through home delivery or at select retail pharmacies, depending on your prescription drug benefit.</p>			

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